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Bib Data Sheet

CONFIRMATION NO. 1059

SERIAL NUMBER 09/419,328	FILING DATE 10/15/1999 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PENN-0701
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APPLICANTS

ALAIN H. ROOK, WYNNEWOOD, PA;

** CONTINUING DATA ****

This appln claims benefit of 60/104,342 10/15/1998

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/04/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature  Initials	STATE OR COUNTRY PA	SHEETS DRAWING	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
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ADDRESS

KATHLEEN A TYRRELL
 LAW OFFICES OF JANE MASSEY LICATA
 66 E MAIN STREET
 MARLTON , NJ
 08053

TITLE

METHODS FOR TREATMENT OF CUTANEOUS T-CELL LYMPHOMA

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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SERIAL NUMBER 09/419,328	FILING DATE 10/15/99	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. PENN-0701
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APPLICANT

ALAIN H. ROOK, WYNNEWOOD, PA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/104,342 10/15/98

OK 9/28/03 FT

371. (NAT'L STAGE) DATA***

VERIFIED

None 9/28/03 FT

FOREIGN APPLICATIONS***

VERIFIED

None 9/28/03

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>fit 9/28/03</i>	Examiner's Initials _____ Initials _____				

ADDRESS

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 LAW OFFICES OF JANE MASSEY LICATA
 66 E MAIN STREET
 MARLTON NJ 08053

TITLE

METHODS FOR TREATMENT OF CUTANEOUS T-CELL LYMPHOMA

FILING FEE RECEIVED \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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